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NOV 27 2019

Federal Communications Commission Office of the Secretary

November 26, 2019

VIA HAND DELIVERY

Honorable Marlene H. Dortch Office of the Secretary Federal Communications Commission 445 12th Street, SW Washington, DC 20554 Attn: Audio Division, Media Bureau

> Broadcast Communications, Inc. Re:

> > FRN: 0005851688

WEDO, McKeesport, PA Facility ID No.: 161

FCC Form 302-AM Direct Measurement of

Power Application

Dear Madame Secretary:

On behalf of Broadcast Communications, Inc., transmitted herewith in triplicate is an application on FCC Form 302-AM (Direct Measurement of Power Application) by Station WEDO, McKeesport, Pennsylvania.

This Application is non-feeable under the FCC's rules. Should additional information be B261014ACU desired in connection with the above matter, kindly communicate with undersigned counsel.

Sincerely yours,

Lee J. Peltzman

Counsel for

Broadcast Communications, Inc.

ORIGINAL

Accepted / Filed

Federal Communications Commission Washington, D. C. 20554

Approved by OMB 3060 0627 Expires 01/31/98

FOR FCC USE ONLY	NOV 27 2019
	Federal Communications Commission Office of the Secretary

FCC 302-AM APPLICATION FOR AM BROADCAST STATION LICENSE

(Please read instructions before filing out form.)

FOR COMMISSION USE ONLY	1
FILE NO. BZ-20191127 AA	}

SECTION I - APPLICANT FEE INFORMATION					
1. PAYOR NAME (Last, First, Middle Initial)	BROADCAST COM	MUNICATIONS	, INC.		
MAILING ADDRESS (Line 1) (Maximum 35 characters)	P.O. 1	BOX 990			
MAILING ADDRESS (Line 2) (Maximum 35 characters)			-		
CITY GREENSBURG	STATE OR COUNTRY (if forei	ZIP CODE 15601			
TELEPHONE NUMBER (include area code) (724) 853-7000	CALL LETTERS WEDO	OTHER FCC IDENTIFIER (If applicable) FAC ID: 161			
2. A. Is a fee submitted with this application?			Yes No		
B. If No, indicate reason for fee exemptions (see 47 C.F.R. Section 1.1 11	12).				
Governmental Entity Noncommercial educa	itional licensee Ot	her (Please explain):			
C. If Yes, provide the following information:	DIRECT MEASURE	MENT OF POWER	APPLICATION		
Enter in Column (A) the correct Fee Type Code for the service you are applying for. Fee Type Codes may be found in the "Mass Media Services Fee Filing Guide Column (B) lists the Fee Multiple applicable for this application. Enter fee amount due in Column (C).					
(A) (B)	(C)				
FEE TYPE CODE FEE MULTIPLE	FEE DUE FOR FEE TYL CODE IN COLUMN (- 1	FOR FCC USE ONLY		
0 0 0 1	\$ \$0.	00			
To be used only when you are requesting concurrent actions which result in a requirement to list more than one Fee Type Code.					
(A) (B)	(C)				
0 0 0 1	\$		FOR FCC USE ONLY		
ADD ALL AMOUNTS SHOWN IN COLUMN C, AND ENTER THE TOTAL HERE. THIS AMOUNT SHOULD EQUAL YOUR ENCLOSED	TOTAL AMOUNT REMITTED WITH THI APPLICATION	s	FOR FCC USE ONLY		
REMITTANCE.	\$ \$0.	.00			

SECTION II - APPLICANT	INFORMATION					
1. NAME OF APPLICANT		BRO	ADCAST COM	MUNICATIONS, INC.		
MAILING ADDRESS	MAILING ADDRESS P.O. BOX 990					
CITY	CITY GREENSBURG			PA	ZIP CODE 15601	
2. This application is for: Commercial Noncommercial AM Directional AM Non-Directional						
Call letters	Community of License	Construct	on Permit File No.	Modification of Construction Permit File No(s).	Expiration Date of Last Construction Permit	
WEDO	MCKEESPORT, PA		••			
3. Is the station now op with 47 C.F.R. Section 7		DIRE	gram test author ECT MEASUREMEN LICATION		Yes No Exhibit No,	
4. Have all the terms, conditions, and obligations set forth in the above described construction permit been fully met? DIRECT MEASUREMENT OF POWER APPLICATION Exhibit No.						
If No, state exceptions in an Exhibit. 5. Apart from the changes already reported, has any cause or circumstance arisen since the						
_ , _	construction which would action permit application to		•	or representation	Evhibit No.	
If Yes, explain in an Exhibit. NO CHANGES ARE REPORTED THIS IS A DIRECT MEASUREMENT OF POWER APPLICATION Exhibit No,					Exhibit No,	
in accordance with 47 C.F.R. Section 73.361 5(b)?					Yes No Does not apply	
If No, explain in an Exhibit. DIRECT MEASUREMENT OF POWER APPLICATION. Exhibit No.						
7. Has an adverse finding been made or an adverse final action been taken by any court or administrative body with respect to the applicant or parties to the application in a civil or criminal proceeding, brought under the provisions of any law relating to the following: any felony; mass media related antitrust or unfair competition; fraudulent statements to another governmental unit; or discrimination?						
If the answer is Yes, attach as an Exhibit a full disclosure of the persons and matters involved, including an identification of the court or administrative body and the proceeding (by dates and file numbers), and the disposition of the litigation. Where the requisite information has been earlier disclosed in connection with another application or as required by 47 U.S.C. Section 1.65(c), the applicant need only provide: (i) an identification of that previous submission by reference to the file number in the case of an application, the call letters of the station regarding which the application or Section 1.65 information was filed, and the date of filing; and (ii) the disposition of the previously reported matter.					Exhibit No.	

8. Does the applicant, or any party to the application, have a the expanded band (1605-1705 kHz) or a permit or license expanded band that is held in combination (pursuant to the 5 with the AM facility proposed to be modified herein?	or				
If Yes, provide particulars as an Exhibit.		Exhibit No.			
The APPLICANT hereby waives any claim to the use of any against the regulatory power of the United States because requests and authorization in accordance with this application amended).	use of the same, wheth	er by license or otherwise, and			
The APPLICANT acknowledges that all the statements made in this application and attached exhibits are considered material representations and that all the exhibits are a material part hereof and are incorporated herein as set out in full in					
CERTIFIC	CATION				
1. By checking Yes, the applicant certifies, that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, or, in the case of a non-individual applicant (e.g., corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits that includes FCC benefits pursuant to that section. For the definition of a "party" for these purposes, see 47 C.F.R. Section 1.2002(b).					
I certify that the statements in this application are true, co and are made in good faith.	mplete, and correct to the	best of my knowledge and belief,			
Name ROBERT M. STEVENS	Signature	810.00			
Title PRESIDENT	Date 11/25/2019	Telephone Number 724-853-7000			

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

The solicitation of personal information requested in this application is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of the application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form will be available for public inspection. If information requested on the form is not provided, the application may be returned without action having been taken upon it or its processing may be delayed while a request is made to provide the missing information. Your response is required to obtain the requested authorization.

Public reporting burden for this collection of information is estimated to average 639 hours and 53 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, can be sent to the Federal Communications Commission, Records Management Branch, Paperwork Reduction Project (3060-0627), Washington, D. C. 20554. Do NOT send completed forms to this address.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, P.L. 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3), AND THE PAPERWORK REDUCTION ACT OF 1980, P.L. 96-511, DECEMBER 11, 1980, 44 U.S.C. 3607.

SECTION III - - LICENSE APPLICATION ENGINEERING DATA Name of Applicant **BROADCAST COMMUNICATIONS, INC.** PURPOSE OF AUTHORIZATION APPLIED FOR: (check one) Direct Measurement of Power Station License 1. Facilities authorized in construction permit File No. of Construction Permit Frequency Power in kilowatts Hours of Operation Call Sign (if applicable) (kHz) Night Day 1.0 **WEDO** 810 DAY 2. Station location State City or Town PA MCKEESPORT, PA 3. Transmitter location Street address State County City or Town (or other identification) PA **ALLEGHENY NORTH VERSAILLES NEAR 299 MAHAFFY ROAD** 4. Main studio location Street address City or Town State County (or other identification) **NO LONGER REQUIRED** 5. Remote control point location (specify only if authorized directional antenna) Street address State County City or Town (or other identification) 6. Has type-approved stereo generating equipment been installed? 7. Does the sampling system meet the requirements of 47 C.F.R. Section 73.68? **NON DIRECTIONAL ANTENNA SYSTEM -**Not Applicable **NOT APPLICABLE** Exhibit No. Attach as an Exhibit a detailed description of the sampling system as installed. 8. Operating constants: RF common point or antenna current (in amperes) without RF common point or antenna current (in amperes) without modulation for day system modulation for night system 4.15 Measured antenna or common point reactance (in ohms) at Measured antenna or common point resistance (in ohms) at operating operating frequency frequency Night Night Day Day 58.0 +i 32 Antenna indications for directional operation Antenna monitor sample Antenna monitor Antenna base currents Phase reading(s) in degrees current ratio(s) Towers Night Day Night Day Night Day Manufacturer and type of antenna monitor: NOT APPLICABLE - NONDIRECTIONAL

9. Description of antenna system ((f directional antenna is used, the information requested below should be given for each element of the array. Use separate sheets if necessary.)

Type Radiator UNIFORM CROSS-SECTION, GUYED, STEEL TOWER	Overall height in meters of radiator above base insulator, or above base, if grounded. 92.7	Overall height above ground obstruction lig	(without	Overall height in me above ground (incl obstruction lighting)	ude loade des Exhit	tenna is either top ed or sectionalized, cribe fully in an it. Exhibit No.	
Excitation Series Shunt FOLDED UNIPOLE ANTENNA Geographic coordinates to nearest second. For directional antenna give coordinates of center of array. For single vertical radiator give							
North Latitude 40	21	51 "	West Longitud	le 79 ^O	48	46 "	
If not fully described above, attach as an Exhibit further details and dimensions including any other antenna mounted on tower and associated isolation circuits. Also, if necessary for a complete description, attach as an Exhibit a sketch of the details and dimensions Of ground system. Exhibit No. Exhibit No.							
10. In what respect, if ar permit?	y, does the apparatus constr	ructed differ fro	m that describ	ed in the application	for construction	n permit or in the	
NO (CHANGES ARE REPORT	ED.					
11. Give reasons for the	change in antenna or commor	point resistand	ce.				
	ECT MEASUREMENT OF RATION WITH KQV(AM)						
I certify that I represent the applicant in the capacity indicated below and that I have examined the foregoing statement of technical information and that it is true to the best of my knowledge and belief.							
Name (Please Print or Type)			Signature (check appropriate box below)				
Т	IMOTHY Z. SAWYER	R		full So	euy-		
T Z SAWYER TECHNICAL CONSULTANTS 2130 HUTCHISON GROVE COURT, SUITE 100 FALLS CHURCH, VA 22043			Date 11/25/2019				
			Telephone No. (Include Area Code) (703) 848-2130				
Technical Director			Registered	l Professional Engine	er		
Chief Operator			Technical	Consultant			
Other (specify) C	ONSULTING ENGINEER						